

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 1 OF 5
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) We Vote - Nosotros Votamos - PPAMM Committee		FEC IDENTIFICATION NUMBER ▼ C C00527226	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on		<div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 10 / 21 / 2016</div> </div>	

Full Name of Payee Planned Parenthood Action Fund of the Pacific Southwest		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 22 / 2016	
Mailing Address 1075 Camino del Rio South		Amount 65.10	
City San Diego	State CA	Zip Code 92108	Transaction ID : EDT.E.93
Purpose of Expenditure Staff Time	Category/ Type 24E	Date of Disbursement or Obligation MM / DD / YYYY 10 / 22 / 2016	
Name of Federal Candidate Clinton, Hillary, , ,		<input checked="" type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought 21921.19		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee Planned Parenthood Action Fund of the Pacific Southwest		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 22 / 2016	
Mailing Address 1075 Camino del Rio South		Amount 65.10	
City San Diego	State CA	Zip Code 92108	Transaction ID : EDT.E.94
Purpose of Expenditure Staff Time	Category/ Type 24E	Date of Disbursement or Obligation MM / DD / YYYY 10 / 22 / 2016	
Name of Federal Candidate Masto, Catherine Cortez, , ,		<input checked="" type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NV	
Calendar Year-To-Date Per Election for Office Sought 31578.88		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	130.20
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Parise, Joanne, , ,

[Electronically Filed]

Date

MM / DD / YYYY
12 / 08 / 2016

Signature

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(Schedule E)PAGE 2 OF 5
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NAME OF COMMITTEE (In Full) We Vote - Nosotros Votamos - PPAMM Committee		FEC IDENTIFICATION NUMBER ▼ C C00527226	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on		<div style="display: flex; justify-content: space-around;"> <div><small>M M M</small> 10</div> <div><small>D D D</small> 21</div> <div><small>Y Y Y Y Y Y</small> 2016</div> </div>	

Full Name of Payee Planned Parenthood Action Fund of the Pacific Southwest		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"><div><small>M M M</small> 10</div><div><small>D D D</small> 22</div><div><small>Y Y Y Y Y Y</small> 2016</div></div>	
Mailing Address 1075 Camino del Rio South		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">41.11</div>	
City San Diego	State CA	Zip Code 92108	Transaction ID : EDT.E.95 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"><div><small>M M M</small> 10</div><div><small>D D D</small> 22</div><div><small>Y Y Y Y Y Y</small> 2016</div></div>
Purpose of Expenditure Staff Time		Category/ Type 24A	
Name of Federal Candidate Heck, Joe, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NV
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">31578.88</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee Planned Parenthood Advocacy Project Los Angeles County		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"><div><small>M M M</small> 10</div><div><small>D D D</small> 20</div><div><small>Y Y Y Y Y Y</small> 2016</div></div>	
Mailing Address 400 West 30th Street		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">865.25</div>	
City Los Angeles	State CA	Zip Code 90007	Transaction ID : EDT.E.96 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"><div><small>M M M</small> 10</div><div><small>D D D</small> 20</div><div><small>Y Y Y Y Y Y</small> 2016</div></div>
Purpose of Expenditure Staff Time; 10/20 - 11/8		Category/ Type 24E	
Name of Federal Candidate Clinton, Hillary, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">21921.19</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	906.36
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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NAME OF COMMITTEE (In Full) We Vote - Nosotros Votamos - PPAMM Committee		FEC IDENTIFICATION NUMBER ▼ C C00527226	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on		<div style="display: flex; justify-content: space-around;"> <div><small>M M M</small> 10</div> <div><small>D D D</small> 21</div> <div><small>Y Y Y Y Y Y</small> 2016</div> </div>	

Full Name of Payee Planned Parenthood Advocacy Project Los Angeles County		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"><div><small>M M M</small> 10</div><div><small>D D D</small> 20</div><div><small>Y Y Y Y Y Y</small> 2016</div></div>	
Mailing Address 400 West 30th Street		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">865.25</div>	
City Los Angeles	State CA	Zip Code 90007	Transaction ID : EDT.E.97 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"><div><small>M M M</small> 10</div><div><small>D D D</small> 20</div><div><small>Y Y Y Y Y Y</small> 2016</div></div>
Purpose of Expenditure Staff Time; 10/20 - 11/8		Category/ Type 24E	
Name of Federal Candidate Masto, Catherine Cortez, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NV
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">31578.88</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee Planned Parenthood Advocacy Project Los Angeles County		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"><div><small>M M M</small> 10</div><div><small>D D D</small> 20</div><div><small>Y Y Y Y Y Y</small> 2016</div></div>	
Mailing Address 400 West 30th Street		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">546.48</div>	
City Los Angeles	State CA	Zip Code 90007	Transaction ID : EDT.E.98 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"><div><small>M M M</small> 10</div><div><small>D D D</small> 20</div><div><small>Y Y Y Y Y Y</small> 2016</div></div>
Purpose of Expenditure Staff Time; 10/20 - 11/8		Category/ Type 24A	
Name of Federal Candidate Heck, Joe, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NV
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">31578.88</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	1411.73
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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Full Name of Payee Planned Parenthood Advocates Mar Monte		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2016	
Mailing Address 1691 The Alameda		Amount 11236.56	
City San Jose	State CA	Zip Code 95126	Transaction ID : EDT.E.99
Purpose of Expenditure Staff Time, Travel & Phonebanking; 10/20 -11/8		Category/ Type 24E	Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2016
Name of Federal Candidate Clinton, Hillary, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
		21921.19	

Full Name of Payee Planned Parenthood Advocates Mar Monte		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2016	
Mailing Address 1691 The Alameda		Amount 11236.56	
City San Jose	State CA	Zip Code 95126	Transaction ID : EDT.E.100
Purpose of Expenditure Staff Time, Travel & Phonebanking; 10/20 -11/8		Category/ Type 24E	Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2016
Name of Federal Candidate Masto, Catherine Cortez, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NV
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
		31578.88	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	22473.12
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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Full Name of Payee Planned Parenthood Advocates Mar Monte		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2016	
Mailing Address 1691 The Alameda		Amount 7096.77	
City San Jose	State CA	Zip Code 95126	Transaction ID : EDT.E.101
Purpose of Expenditure Staff Time, Travel & Phonebanking; 10/20 -11/8		Category/ Type 24E	Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2016
Name of Federal Candidate Heck, Joe, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NV
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ► _____	

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure		Category/ Type	
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ► _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	7096.77
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	32018.18

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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